STATE	STATE OF CALIFORNIA													
					\sim 1									

TRAVEL EXPENSE CLAIM

See Instructions and *Privacy
Statement On Reverse Side

Page

of

Pages

	2 A (REV.				Staten	ent On F				Page		Oī		Pages
	NT'S NAM					SSAN OR	EMPLOYE	E NUMBER*			DEPART			4 1
		Movassaghi		,							Toxic	Substa		
POSITION CB/II				CB/ID N	UMBER	l	OR BURE						INDEX NU	
F								e Offic				5000		
							HEADQUARTERS ADDRESS						TELEPHONE NUMBER	
							1001 I Street							
						Sacramento					STATE			ZIP CODE
												CA		95814
(1) MONTH		(3)	(4)	(5)	MEALS		(6)	(7)		ANSPORTAT	ION	·	(8)	(9)
Se	p 09	LOCATION				0.т., шт,		(A)	(B)	(C)		(D) ·	BUSINESS	TOTAL
(2)		WHERE EXPENSES	LODGING	BREAK-		N/C, RELO.	INCIDEN-	COST OF	TYPE	CARFARE,	PRIVAT	E CAR USE	EXPENSE	EXPENSES
DATE	TIME	WERE INCURRED		FAST	LUNCH	DINNER	TALS	TRANS.	USED	TOLLS, PARKING	MILES	AMOUNT		FOR DAY
9/16	7:30	Residence to Berkeley	118.79		10.00			· .	sc					128.7
				,		10.00			SC	22.00				50.0
			1			18.00			SC	32.00				50.0
.	,	Various Green Chemistry Me	eetings-A	ttorney	General	's Office	-UC Ber	keley-Ot	her pa	rtnerships				·
•	4													
9/17		Berkeley to San Francisco		6.00	10.00	18.00	6.00	,	SC	4.00	· · · · · · · · · · · · · · · · · · ·			44.0
		Ocean Protection Council M	eeting - A	AM	,				:					· · · · · · · · · · · · · · · · · · ·
		Federal Interagency - Speak	er at Oce	an Polic	cy Task	Force - P	M							
		Held at Hyatt Regency					70.50				70.5			
9/17	20:30	San Francisco to Residence			¥	. `			,					
							<u> </u>					<u>'</u>		
9/22	7:15	Residence to Sausalito			•				SC					
										,				
		Press Conference on P2	Week an	d Green	Chemis	try - Spe	aker							
9/22	17:30	Sausalito to Residence							SC					
(10)	SUI	BTOTALS	118.79	6.00	20.00	36.00	6.00			106.50				293.2
	CLA	AIM TOTAL -										-		\$293.29

(12) NORMAL WORK HOURS	PCA	PROJECT	WORK PHASE	OBJ AO	AMOUNT	OBJ AO	AMOUNT	OBJ AC	AMOUNT	OBJ AO	AMOUNT		TOTAL
8:00 am - 5:00 pm	95080			292	186.79	295	106.50					-	\$293.29
(13) PRIVATE VEHICLE LICENSE No.													
•													
(14) MILEAGE RATE CLAIMED	. ,								٠.	į			
/mile				· .									······································
MACENCY/ACCOUNTILING							٠.						
OFFICE USE OVEY:											•		
PAID BY REV. FUND CHECK No.													
		TOTALS			186.79		106.50			i			\$293.29

⁽¹⁵⁾ I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752,

DATE /0/23/09